

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warden Arnold Holt  
Bullock Correctional Facility  
P.O. Box 5107  
Union Springs, AL 36089

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

4/19/06

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

2:06CV344

Cx0

(40)

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0002 3465 0429

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Sediet  
Bullock Correctional Facility  
P.O. Box 5107  
Union Springs, AL 36089

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

7005 1820 0002 3465 0436

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

4/19/06

- D. Is delivery address different from item 1? ☐ Yes
- If YES, enter delivery address below: ☐ No

2:06CV344

C, 8

40

3. Service Type

- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540